CODE OF PRACTICES (COP)

for certifying facilities to

THE SUSTAINABLE ELECTRONICS REUSE & RECYCLING (R2) STANDARD

Requirements for Certification Bodies and Auditors Relating to the R2v3 Certification Process

A certification program of

SERI

Version 2.1
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Responsibility for these Requirements
SERI holds responsibility for this document and its contents.

Disclaimer
The official language of this document is English. This document is a live document and may be revised from time to time. The definitive version can be accessed from the SERI website.

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About this Document

This Code of Practices (COP) is applicable to the Accreditation Body (AB), Certification Bodies (CB) and Auditors certifying facilities to the R2v3 Standard (interchangeably referred to herein as both "R2" and the "R2 Standard"). It defines the normative requirements for the certification process over and above the requirements of ISO/IEC 17021-1:2015, and is designed to facilitate certification process consistency, including requirements related to SERI's oversight of the R2 Certification Program. This document is intended to be used by the SERI authorized Accreditation Bodies for determining if a CB is meeting the requirements of the COP to recognize facilities meeting the R2 Standard requirements with an R2 Certificate.

SERI may issue a COP Clarification when needed to offer further explanation of complex requirements in the R2 COP. However, a COP Clarification itself is not auditable and cannot be cited in relation to any nonconformity. The explanations within such COP Clarifications are intended to prevent misinterpretation of the R2 COP, not to add to, subtract from, or modify the R2 COP.

The COP may be updated by issuance of COP Advisories by SERI as changes are needed. Such interim updates will be issued as a COP Advisory to change, add, or delete requirements in the current COP. In addition, revisions to the COP document will be issued from time to time as new versions to incorporate prior interim Advisories and any additional changes. Changes to the requirements, whether by issuance of interim Advisories or new revisions of the COP, will be determined by SERI and circulated to the Accreditation Bodies and Certification Bodies for comment prior to finalizing. If such changes to the COP potentially impact the R2 Certified facilities themselves, then the changes will also be circulated to the R2 Technical Advisory Committee (TAC) for comment.

An Advisory becomes effective on the date specified in the document and any transition period allowed for implementation of the change will also be specified. The effective date will be the required application date. All R2 related activities conducted on and after the effective date shall conform to the Advisory. A COP Advisory is normative and is binding.

About SERI

SERI is a United States based non-profit organization with a purpose to protect the planet and enrich lives by championing sustainable actions with electronics all throughout their lifecycle.

SERI's vision is responsible management of used and end-of-life electronics world-wide. SERI works to create a world where electronic products are reused and recycled in a way that results in resource preservation, the well-being of the environment, and the health and safety of employees and communities.

R2 Standard

The R2 Standard is the leading sustainability standard for the global management and processing of used electronics to achieve a more circular economy through the reverse supply chain.

The R2 Standard is developed by SERI, an ANSI Accredited Standards Developer, through a multi-stakeholder group. The standard is developed through an open, transparent, and consensus-based approach in conformity with the ANSI Essential Requirements. Facilities that are certified to the R2 Standard through an accredited third-party Certification Body, can use such R2 Certification to demonstrate their ability to help IT asset managers, sellers of used electronics, and prospective purchasers of IT asset disposition, refurbishment, remarketing, and recycling services (among others) make informed decisions and have increased confidence that electronic equipment is managed in an

environmentally responsible manner, protective of the health and safety of employees and the public, and that all data on all devices is secure and effectively destroyed.

Use of descriptive terms such as "sufficient," "effective," or "protective," throughout the R2 Standard (and which may be referred to within this COP) is used to describe the requirement objectives and are not intended to convey that an R2 Auditor's assessment of such methods are conclusory validation or verification of all conditions present. Each situation is unique, every audit affords only a sampling, and no amount of compliance efforts with any standard can ever guarantee a particular result in practice. The R2 Standard should be viewed only as one of various methods and tools that can be utilized by an organization, and by those evaluating an organization. The R2 Standard is thus offered "AS-IS" and without warranty, to R2 Certified organizations, Certification Bodies and the Accreditation Bodies who approve them, as well as to any third parties who may look to R2 certification in the process of evaluating R2 Certified organizations. Any reliance otherwise is expressly disclaimed by SERI.

Roles and Responsibilities

SERI, Certification Bodies (CBs), Auditors and Accreditation Bodies (ABs) all have a role within the certification process.

SERI is responsible for:

- Overseeing the development, revision, and publication of the copyright protected R2 Standard.
- Developing and revising the COP to ensure it remains relevant and fit for purpose.
- Developing and overseeing the R2 Certification Program to ensure its quality, consistency, and credibility.
- Training R2 Auditors.
- Providing resources to guide R2 Facilities.
- Delegating by contract with responsible parties (CBs or ABs) to address concerns, complaints, and appeals.
- Granting licenses for R2 Facilities to certify to the R2 Standard upon entering into enforceable license agreements with SERI for the use and display of R2 Certification Marks.
- Monitoring and reporting the impact of the R2 Certification Program.

CBs are responsible for:

- Conducting R2 audits, making certification decisions and issuing certificates.
- Maintaining the Certification Agreement with SERI
- Maintaining accreditation to audit and certify facilities under the R2 Certification Program.
- Demonstrating conformity to the COP requirements as part of their internal management systems.
- Ensuring competent persons are conducting audits, audit package reviews and making certification decisions.
- Participating in training as required by SERI.
- Determining the eligibility of an organization to be certified to the R2 Standard as provided in the scope of the R2 Certification, and accurately calculating the applicable audit times.
- Verifying through the audit process that the R2 Facility is adhering to the R2 Standard for all used electronic equipment, components, and materials that pass through the

facility or its control and within the scope of activities and/or location(s) provided in the R2 Certification.

- Issuing nonconformities (NCs) when and where an R2 Facility is not meeting the requirements of the R2 Standard.
- Verifying corrective actions (CA) are successful before closing NCs.
- Ensuring quality controls are implemented and are effective in achieving consistent conformity outcomes at each R2 Facility with the same level of rigor.
- Following a corrective action process for closing NCs issued to the CB.
- Cooperating in the resolution of concerns and complaints as requested.
- Maintaining roles/responsibilities as outlined in this COP and in contractual agreements entered with SERI.
- Issuing R2 Certificates displaying approved Certification Marks, including both as related to an R2 Certified organization's conformance to the R2 Standard, as well as use of the SERI Authorized CB certification mark for the CB's conformance to R2 Certification Program requirements in the COP.
- Avoiding conflicts of interest which appear to undermine the credibility of the R2 Certification Program.

Auditors are responsible for:

- Evaluating each facility's implementation of the R2 Standard for conformity based on the relevant scope of R2 Certification.
- Documenting evidence of outcomes conforming to the R2 Standard that demonstrate successful implementation of plans, policies, and processes.
- Applying the R2 Standard consistently to each facility.
- Writing NCs where and when they are found, and where there is an absence of evidence to demonstrate conformity to the R2 Standard.
- Avoiding conflicts of interest which appear to undermine the credibility of the R2 Certification Program
- Maintain competence to conduct audits to the R2 standard.
- Maintaining roles/responsibilities as outlined in this COP.

ABs are responsible for:

- Oversight of the certification bodies that provide R2 Certification to ensure accreditation requirements are maintained.
- Avoiding conflicts of interest which appear to undermine the credibility of the R2 Certification Program.
- Maintaining roles and responsibilities as detailed in this COP and in contractual agreements with SERI.

R2 Audit Types

R2 Certification includes five different types of audits, undertaken at different stages in the certification cycle:

- **Certification Stage 1 audit** (Section 8.2) – Occurs after a Candidate Facility applies for certification.
- **Certification Stage 2 audit** (Section 8.4) – Occurs after successful completion of the Stage 1 audit.
- **Surveillance audit** (Section 9.1) – Annual; The CB can increase the frequency of surveillance audits if they deem it necessary.
- **Recertification audit** (Section 9.2) – Before the end of the three-year certification cycle and is a full system audit.

- **Special audits** (Section 16) – As required, when there is a change in the R2 Facility's certification scope or other required follow up outside of the normal audit schedule.

Normative Documents

CBs and Auditors shall utilize and operate in conformity to the most recent editions of the following documents in conjunction with the SERI COP:

- R2v3 Standard – The Sustainable Electronics Reuse and Recycling Standard (English version is the official version of the standard).
- R2v3 Standard Formal Interpretations
- COP Advisories
- ISO/IEC 17021-1:2015 Conformity assessment – Requirements for bodies providing audit and certification of management systems – Part 1: requirements.
- Relevant IAF Mandatory Documents
- SERI License Agreement for R2 Certification
- CB Certification Agreement with SERI

Supporting Documents

These are the reference documents that CBs and Auditors utilize to assist with implementation of a R2 program.

- R2 Equipment Categorization (REC)
- COP Clarifications
- R2 Guidance (Knowledge base section on SERI's website)
- Management system standards as identified on SERI's website.
- ISO 19011:2018 Guidelines for auditing management systems

Terms and Definitions

Term	Definition
Accreditation Body (AB)	Independent third-party entity that assesses and evaluates the competence of a Certification Body to conduct R2 audits and maintain an R2 Certification Program. Continually monitors performance of the Certification Body in conforming to the requirements outlined in the COP.
Advisory	It is a normative document communicating a new or changed COP requirement. Changes may include interpretation, application, and/or intent of a requirement. A COP advisory is normative and binding.
Allowance	Removes the applicability of a specific R2 Standard requirement(s) in the scope of certification and associated audits where requirements are clearly not applicable to the R2 Facility, and where allowances shall not negatively impact the validity of the certification. Permitted allowances are defined in the COP or in subsequent advisories.
Audit Package Reviewer (APR)	The responsible person within a Certification Body who reviews the quality of the R2 audit package to ensure evidence of conformity to the R2 Standard and COP.

Term	Definition
Campus Facility	A separate location that has interconnected operations with the Controlling Facility for the joint processing and management of electronic equipment, component, or material streams. Each Campus Facility has its own unique scope of operations, but the combined operations of the Controlling Facility and all campus locations together are required to fulfill the scope of R2 Certification. Each Campus Facility operates under the same management system and structure as the Controlling Facility and shall be audited by the CB at each audit. The Campus Facility certification structure does not apply to stand-alone facilities that primarily source, process, and manage electronic equipment, components, or materials independent of the controlling location, and that can otherwise be R2 Certified as a single-site facility (Refer to Table 3).
Candidate Facility	Is a prospective organization that is undergoing the R2 Certification process to become R2 Certified.
Controlling Facility	Location with primary responsibility and authority to ensure contractual requirements and R2 requirements are implemented, monitored, and maintained.
Certification Body (CB)	Is an organization accredited in accordance with the requirements specified in this SERI R2 Code of Practices to audit and certify facilities to the R2 Standard.
Certificate Decision Maker (CDM)	Person or committee that makes the decisions for granting or refusing certification, expanding, or reducing the scope of certification, suspending, or restoring certification and withdrawing certification.
Clarification	An explanation of requirements in the COP. Not auditable.
Correction	Correction is the action to eliminate the identified nonconformity. Correction is the first step in resolving a nonconformity.
Corrective Action (CA)	Corrective actions are the changes put in place to address the cause of a nonconformity to prevent recurrence of the nonconformity.
Corrective Action Process	When a nonconformity is identified, the corrective action process is required to fully resolve and prevent recurrence. A Corrective Action Process includes, in order, the following phases: 1. Correction 2. Cause Analysis 3. Corrective Action 4. Verification
Days	Where days are referenced throughout the COP, it is in reference to calendar days.
Employee	Individual working part-time or full-time partially or fully in R2 scope, including those working on shifts, administrative, and all categories of office staff (marketing, sales etc.) or working as a contractor.

Term	Definition
External Activities	Off-site activities, such as but not limited to brokering, collection, and additional storage or processing buildings, that while not at the same location, are required activities to fulfil the electronics recycling processes of the R2 Facility within the scope of the R2 Facility's Certification.
Nonconformity (NC)	Non-fulfilment of a requirement in the R2 Standard, COP, or Advisory, including, but not limited to, by insufficient affirmative evidence of such conformance.
Remote Audit	Audit carried out virtually using Information and Communication Technology (ICT), maintaining the requirements and vigilance on an on-site audit.
R2 Process Requirements	R2v3 Section 2-R2 Process Requirements (Appendices). Required as applicable to the R2 Facility's scope of operations.
SERI Assurance Activities	SERI's activities, including monitoring of activities and review of relevant documentation of both the R2 Certified organization and its CB, to assure the integrity of the R2 Certification Program. Such activities are provided for and consented to in enforceable agreements entered between SERI and R2 Certified organizations, as well as between SERI and CBs (Refer Section 19).
SERI License Agreement	Legal agreement between an R2 Facility and SERI granting license to use SERI's R2 Certification Mark upon meeting and maintaining the R2 Standard requirements on the terms and conditions therein.
Spot Inspection	An announced or unannounced assessment conducted by SERI or its designee of an R2 Facility.
Witness Inspection	SERI or its designee participates and engages with the Certification Body and R2 Facility during a scheduled Certification Body audit.

1 GENERAL REQUIREMENTS

1.1 Authorization

1.1.1 Accreditation Bodies are authorized by SERI through a written contract that authorizes each to accredit Certification Bodies on the terms and conditions therein.

1.1.2 Certification Bodies are authorized by meeting the requirements of the SERI Authorized Certification Body mark. Such mark is legally registered in the United States of America and issued to a CB that:

- Is accredited by a SERI authorized Accreditation Body to conform with this R2 COP and continues to adhere to such practices.
- Has entered and maintains a contractual agreement with SERI to conduct R2 audits and issue R2 Certificates, and which includes a license granted by SERI for the CB's issuance of R2 Certificates displaying the SERI Certification Mark.
- Pay fees to SERI and adheres to the other terms and conditions specified in the Certification Body Contract.

1.1.3 SERI Authorized Certification Bodies are the only organizations authorized to issue SERI's registered Certification Marks that recognizes those facilities conforming to the R2 Standard as well as to publish and display the SERI Authorized Certification Body Mark on issued R2 Certificates for the CB's demonstrated conformance to the SERI R2 COP.

1.1.4 The CB shall maintain active AB accreditation and the aforementioned SERI contractual relationship to be authorized to issue R2 Certifications, and to use and publish the SERI Certification Body Mark.

1.2 Confidentiality

1.2.1 Each CB shall include in contracts with such CB's customers for R2 Certification provisions to allow the confidential sharing of R2 Facility information relative to their R2 Certification with SERI and the AB for oversight of the R2 Certification Program. Such CB contracts shall also allow for SERI to be witness to CB audits and for the CB to abide by the other terms and conditions of CB's agreement with SERI.

1.2.2 The CB and the Auditors shall utilize confidentiality agreements and other means to protect and maintain confidentiality of information relating to an R2 Facility and not disclose the information acquired, while auditing, to any other parties not authorized within the R2 Certification process. Such confidentiality and data protection measures include, at a minimum, those required in the CB's agreement with SERI.

1.2.3 The CB and the Auditors shall include in such confidentiality agreements the maintaining of the confidentiality of communications and information between SERI regarding an R2 Facility, complaints, or other R2 Certification matters.

1.3 Complaints

1.3.1 CBs shall maintain and follow a process to record, investigate and report to SERI any complaints received related to the R2 Certification Program (e.g., Auditor, CB, or R2 Facility).

1.3.2 Complaints shall be investigated and managed through the CB's complaint process, incorporating the actions and timeframes required in Table 1.

1.3.3 ABs shall report to SERI any complaints pertaining to the R2 Certification Program received about an R2 Accredited CB.

Table 1: Requirements for Managing Complaints

Due Date	Action
7 days from receipt of the complaint	**Notification:** The CB shall document the complaint and notify SERI within seven days of receipt of the complaint.

Due Date	Action
21 days from receipt of complaint	**Preliminary Review:** The CB shall complete a review of whether there is merit to the complaint. Merit can be determined with information provided in the complaint, the source of the complaint, and review of publicly available information. Complaints without merit need not be further investigated provided a record is maintained of the reason why the complaint was not with merit. Reviews shall not rely solely upon asking an Auditor or the R2 Facility to respond to the complaint. This may be one source of information, but does not eliminate the responsibility of the CB to conduct their own independent review using: · Information from the Complainant, R2 Facility or Auditor · Communication with the Complainant, R2 Facility or Auditor · Public business records · Public websites, including the R2 Facility's websites · Online sales websites used by the R2 Facility. · Previous audit report and records · Records requested from the R2 Facility. · Information available from SERI
30 days from receipt of the complaint	**Investigation:** The CB shall identify the course of action and appropriate timeframes to investigate, if necessary, and address the complaint. Recommended actions may include: · Records Review · On-site or remote audit · Issuance of a major or minor NC to the R2 Facility · Suspension of an R2 Facility's certificate · Withdrawal of an R2 Facility's certificate · CB Auditor/employee training and correction The CB shall inform SERI of the action(s) to be taken and timeframe.
60 days from receipt of the complaint	**Resolution:** The CB shall complete the investigation and send the following information to SERI: · A summary report documenting the investigation and action taken · If a minor NC has been issued – R2 Facility's evidence of correction and corrective action plan · If a major NC has been issued – R2 Facility's CA Plan and evidence of implementation of correction and progress on corrective action · Any change of status in certification · Any change in Auditor status or competencies If evidence of correction cannot be obtained from the R2 facility and verified by the CB within 60 days of issuance of NCs, the CB shall suspend the R2 certificate. The timing for corrective actions should follow requirements as specified in Section 8.9 in this document.
Monthly	**Status Updates:** The CB shall provide a monthly status report to SERI for any open complaints until they are satisfactorily closed.

2 MANAGEMENT SYSTEM REQUIREMENTS

2.1 General

2.1.1 The R2 Certification processes, and associated management systems of the CB shall be effective in maintaining the credibility of the R2 Certification Program for all interested parties.

2.1.2 The CB shall implement policies, procedures, and quality controls to manage conformity with the COP, 17021-1 requirements and any other normative references.

2.1.3 The CB shall implement the COP requirements and COP Advisories and demonstrate conformity by the established effective dates.

2.1.4 The CB, and any Auditor shall not accept any hospitality, entertainment or in cash of any kind from the R2 Facility subject to the audit or its vendors that could influence their professional judgments and create potential or actual conflicts of interest. Reasonable meals on-site during the audit may be accepted.

2.1.5 The CB, and any Auditor shall ensure that they do not engage in a paid or reciprocal relationship with consultants, owners, or employees working for the R2 Facility before, during or after the audit in a way that could appear to influence the Auditor and/or CB's judgement and impartiality.

2.1.6 The CB shall document and manage any allegations of bias or conflicts of interest in accordance with their complaints process and/or internal corrective action process.

3 RESOURCE REQUIREMENTS

3.1 Competence of Certification Body Personnel

3.1.1 The CB shall maintain competence and training records of all CB personnel involved in the R2 Certification Program, as required in Table 2.

3.1.2 Changes in the R2 status of certification body personnel, as required in Table 2, shall be communicated to SERI within 10 days of change.

3.2 Competencies for Certification Body Personnel

3.2.1 To manage the R2 Certification Program, the R2 Program Manager shall meet the competence specified in Table 2 a).

3.2.2 To conduct R2 audits, Auditors shall meet the competences specified in Table 2 b) and/or c), in conjunction with Annex A of ISO/IEC 17021-1-1, and:

- Be honest, impartial, ethical and conduct R2 audits with objectivity.
- Be thorough and provide clear communications in all audit activities.

3.2.3 To review R2 audit packages, the APR shall meet the competencies specified in Table 2d).

3.2.4 To make certification decisions, the CDM shall meet the competencies specified in Table 2e).

3.2.5 Where audits are required to meet the competence criteria in Table 2, remote audits are acceptable unless otherwise noted as "on-site."

Table 2: Minimum Competence Requirements for Certification Body Personnel

a) R2 Program Manager	1. Minimum two years of professional experience in a relevant discipline e.g., business ethics, due diligence, environmental management, environment protection, environmental science, occupational health and safety, natural resources, and/or sustainable development. Internships in any of the above-mentioned categories are also acceptable. 2. Successful completion of the SERI R2v3 Auditor course and exam. 3. Successful completion of any other training (e.g., annual refresher training) directed by SERI, including any associated exam. 4. Working Knowledge of English.
b) R2 Auditor	1. Minimum two years of professional experience in a relevant discipline e.g., business ethics, due diligence, environmental management, environment protection, environmental science, occupational health and safety, natural resources, and/or sustainable development. 2. Successful completion of the SERI R2v3 Auditor course and exam. Should an Auditor fail to do the training and/or fail the exam, the Auditor shall not conduct any R2v3 audits until they pass the exam. An Auditor is allowed only one re-take of the SERI exam. If Auditor fails the re-take, the Auditor shall repeat the relevant SERI R2v3 Auditor course. 3. Successful completion of the SERI annual refresher training and exam by the deadline set by SERI to maintain their minimum competency requirements to conduct R2v3 audits. Should an Auditor fail to complete the annual refresher training and/or fail the exam by the designated date, they shall not conduct any R2v3 audits until they pass the exam (if SERI has made the modules/exam available after the deadline). One re-take of the annual refresher training exam is permitted, if they fail the exam the first time, they take it. If the Auditor fails the exam a second time, they shall re-take the SERI R2v3 Auditor course to get requalified. 4. For initial competence as an Auditor, completion within the last three consecutive years of four audits as a Lead Auditor or under the direction and guidance of a Lead Auditor. This can be fulfilled by completing audits in any management system standard like R2:2013, ISO 14001, ISO 9001, ISO 45001, AS9100, RIOS, etc. 5. Completion of one on-site observation R2v3 audit prior to auditing as an Auditor/Team Member. 6. To maintain competencies as an R2v3 Auditor, in subsequent years, the Auditor shall conduct one on-site R2v3 audit within a calendar year.
c) Lead Auditor	1. For initial competence as a Lead Auditor, the qualified Auditor shall meet all the R2 Auditor requirements as spelled out in 2b), and in addition complete within the last two consecutive years, a minimum of two R2v3 audits, at least one of them conducted onsite. One of the two R2v3 audits shall have the Auditor being witnessed as an Acting Lead Auditor by a qualified R2v3 Lead Auditor. 2. To maintain Lead status, on subsequent years, the Lead Auditor shall complete two R2v3 audits within a calendar year.

	3. If a Lead Auditor is unable to fulfil the subsequent yearly R2v3 audit requirement, the Auditor shall not serve as the Lead Auditor for R2v3 audits until the number of audit requirements are met. 4. If the Lead Auditor is unable to fulfil the audit requirements within one calendar year, the CB shall change the status of the Lead Auditor to Auditor.
d) Audit Package Reviewer (APR)	1. Meet and maintain the requirements of an Auditor. **Or** 2. Meets all the following competence criteria: • Successfully completes the relevant SERI R2v3 Auditor training. • Has observed at least three R2v3 Audits when getting qualified initially. • Has five years' experience performing package reviews of approved QEH&S Standards recognized on the SERI website. • Yearly, to maintain competence, reviewer shall observe one R2v3 audit a year. • CB shall submit to SERI a list of all APRs that are qualified using these alternative criteria.
e) Certification Decision Maker (CDM)	Qualified in accordance with ISO/IEC 17021-1 that includes competence to ensure accredited process was followed e.g., Check if NCs are closed etc. The CDM and the APR can be the same person if competencies in d) and e) are both met.

4 COMMUNICATION REQUIREMENTS

4.1 Communications to SERI

4.1.1 Any communication from SERI to the CB shall be acknowledged within ***5 days*** from the date it was sent by SERI.

4.1.2 Every ***30 days*** the CB shall send a report to SERI, listing all R2 audits that have occurred and their corresponding NCs (minors and majors). A format for the report shall be provided by SERI.

4.1.3 Every ***90 days***, the CB shall send SERI a list of scheduled audits for the following 6 months. A format for the report shall be provided by SERI.

5 CERTIFICATION PROCESS REQUIREMENTS

5.1 Contract Review – Determining Eligibility and Certification Scope

5.1.1 The CB shall verify with SERI whether the Candidate Facility was R2 Certified within the previous three years. If the Candidate Facility's certification was withdrawn, the CB shall note the reasons for withdrawal. If the withdrawal was associated with unresolved NCs or complaints, the CB shall investigate them at their certification audit.

5.1.2 CB shall verify whether the Candidate Facility has been listed on the 1d Deceptive Practices List within the previous 24 months. If they have been listed, then it would prevent them from getting certified to R2.

5.1.3 Upon signing a contract with a Candidate Facility, the CB shall determine if they are eligible for R2 Certification. To be eligible for R2 Certification, the CB shall determine if the Candidate Facility meets the following conditions in addition to the requirements outlined in Table 3:

- Be engaged in the processing and/or management of electronic equipment, components, and/or materials as defined by the R2 Standard.
- Be a legally established company; individuals are not eligible.
- Have a business license from, or be registered as a business entity with, a government entity or entities with jurisdiction over such matters.
- Be located in an area zoned for commercial or industrial activity.
- Certification or is in the process of certification, to the necessary environmental, health and safety management (EHS) systems issued by a CB that is accredited by an IAF MLA signatory AB.
- Certification or is in the process of certification, as applicable, to a quality management system by a CB that is accredited by an IAF MLA signatory AB.

5.1.4 The CB shall determine the Candidate Facility's scope of certification including:

- Physical locations/addresses and relationships between them (refer to Table 3).
- The electronic equipment, components, and material streams managed through title, physical possession, or contractual control.
- The applicable R2 Process Requirements performed for the specific electronic equipment, components, and materials defined to be included in the scope of certification.
- External locations, processes, and activities.
- Employee count (shifts, seasonal variations etc.) and DSV count

5.1.5 Planned future additions of processes/activities or electronic equipment, components and materials associated with scope of certification that are not currently operational or have evidence of implementation are not eligible for certification.

5.1.6 Should a Candidate Facility have more than one legal name or entity operating at its location, or multiple locations the CB shall, at a minimum, review and maintain records of the following to determine the validity of the name and locations and whether the associated activities are part of the R2 scope of certification:

- Business licences/registrations.
- Website and/or any advertising or publicly available information of Candidate Facility.
- Legal registration of other names (DBAs, seller names, trade names).
- Ownership of each

5.1.7 When requested, the CB shall provide SERI with a copy of the evidence reviewed during contract review/application review that were used to determine the validity of the multiple legal entities and locations to be contracted.

Table 3: Determining the Applicable R2 Certification Structure

Certification Structure	Description	Applicability	Management System	SERI R2 Facilities License	Auditing	R2 Certificate
Single Facility	· One company ownership (legal organization with one single owner) · One location	All R2 certifiable operations – proof of registered business(es)	One management system	One License Agreement	All R2 certifiable operations are audited	One Certificate with all associated legal names (DBAs, seller names, trade names)
Campus	· One company ownership · Multiple locations with different addresses with coordinated operations and central management at the Controlling Facility to fulfill the entirety of the R2 certifiable processes/activities in a single scope · Operations shall be interconnected to jointly process and/or manage common equipment, components, or material streams	See, Section 10.3.1	One management system shared by all locations	One License agreement covering all the locations	All locations shall be audited on every audit	· One combined R2 certificate – no individual certificates · The R2 certificate lists the Controlling Facility · Additional locations are uniquely identified as to their address and scope on additional pages of certificate
Shared Facilities	· Different companies operating independently within one location. Companies have different ownership	· All companies with R2 certifiable activities shall be certified for any one company to be certified · Proof of registered businesses + proof of parent relationship with certified facilities	Each company operates under its own management system	Separate License Agreement for each company	Each company shall be independently audited and certified*	· Separate R2 certificates shall be issued for each company · Since R2 Certification is facility based, if one company loses or withdraws certification, the other companies cannot remain certified

Certification Structure	Description	Applicability	Management System	SERI R2 Facilities License	Auditing	R2 Certificate
Common Parent Facilities	· Multiple legal entities wholly ***owned by the same*** parent operating within one facility.	· All activities for all companies applicable to R2 Certification at the facility are certified. · Proof of relationship between parent facility and legal entities	One management system shared by all companies	One License Agreement signed by the parent for all companies listed	One audit of all activities in the scope for all companies*	· One combined R2 certificate – no individual certificates · The R2 certificate lists the common parent as the primary name, alongside any other registered names of the sub-companies
Group	· Multiple companies with different owners operating together to fulfill the R2 activities/processes in a single scope on a single certificate. · May be one shared Facility or multiple Facilities	· Legal agreement shall be entered into to establish relationship between companies and one company shall be assigned as the controlling organization. · All companies and Facilities in the agreement shall certify all R2 applicable processes/activities at the listed Facilities or under their control	One management system centrally controlled and shared by all companies	Each facility has a license agreement	All companies and locations are audited on every audit*	· One Certificate with the group name as the primary and each member facility listed. No individual certificates · Nonconformities of any one facility affects the entire group

All Certification structure schemes must be identified on the R2v3 Certificate.

***Multi-site sampling is not permitted.**

6 CALCULATING AUDIT TIME

6.1 General

6.1.1 The CB shall use the audit times given in Tables 4 and 5, as applicable, to determine the total audit time for any R2 audit at each R2 Facility. The CB can determine the breakup in audit time between Stage 1 and Stage 2 identified under certification audit time in Tables 4 and 5.

Audit time shall be used for auditing of R2 requirements only. It is at the CB's discretion to add additional offsite time to cover any non-audit activities, including travel time, audit planning etc.

6.1.2 Audit time shall be used to audit on-site or remotely. Audit activities include:

- Conducting the opening meeting;
- Performing document review while conducting the audit
- Communicating during the audit
- Assigning roles and responsibilities of guides and observers
- Collecting and verifying information
- Generating audit findings
- Preparing audit conclusions
- Conducting the closing meeting.

6.1.3 The calculated R2 Certification Audit time cannot be reduced in any way, including the duration of an integrated audit.

6.1.4 The CB shall apply other factors it deems relevant for determining increases in audit time where necessary to collect evidence and document conformity, for closure of corrective actions, changes in scope of certification, complex processes/activities, facility size, and employee counts.

6.1.5 Audit time for any Special Audits shall be determined by the CB.

6.2 Campus Locations

6.2.1 If a campus location is added during a regularly scheduled audit of the Controlling Facility, Table 4, "Campus Additional R2 Audit Time", shall apply for all R2 Core Requirements and applicable R2 Process Requirements shall be audited using Table 5, "Certification R2 Audit Time" for as applicable to each individual campus location.

6.2.2 If a campus location is added outside a regularly scheduled audit of the Controlling Facility, "Table 4, Certification R2 Audit Time" and "Table 5, Certification R2 Audit Time" shall be used to determine audit time required to add the new campus location.

6.2.3 A location may be removed from a campus scheme provided the other interconnected locations on the certificate support the scope of certification of the Controlling Facility. The CB shall determine if an audit is necessary to reassess the scope of the remaining campus locations as well as verify the closure of the location being removed from the campus. Refer to Section 14 of this COP.

6.3 Applicable R2 Core Requirements Audit Time Calculations by Employee Count and Location

Table 4: R2 Core Requirements Audit Time Calculations

# Employees*	Certification R2 Audit Time (days)	Surveillance Audit Time (days)	Recertification Audit Time (days)	Campus - Additional R2 Audit Time (days)**
1 - 25 employees	1.0	0.5	0.75	+ 0.25 / each location
26 - 175 employees	1.25	0.5	1.0	+ 0.25 / each location
176+ employees	1.5	0.5	1.0	+ 0.25 / each location

**Includes all employees associated with the certified processes, activities, and locations.*
***Campus – Additional R2 Audit Time cannot be reduced for any audit in the certification cycle.*
Note: No multi-site sampling is permitted.

6.4 Applicable R2 Process Requirement Audit Time Calculations by Employee Count and Location

6.4.1 Times are identified by each individual R2 Process Requirement. Times within the R2 Process Requirement category are not cumulative. Select one applicable option per Appendix.

Table 5a): R2 Audit Time for *1 – 25 Employees*

R2 Process Requirement	R2 Audit Time (days) 1 - 25 Employees		
Appendix A - Downstream Recycling Chain	**Certification R2 Audit Time**	**Surveillance Audit Time**	**Recertification Audit Time**
R2v3 Certified DSV only	0	0	0
1-5 Non R2 DSV	0.25	0.25	0.25
6 + Non R2 DSV	0.5	0.5	0.5
Appendix B - Data Sanitization	**Certification**	**Surveillance**	**Recertification**
Logical Only	0.5	0.25	0.5
Physical Only	0.25	0.25	0.25
Logical and Physical, Both	0.5	0.25	0.5
Appendix C - Test and Repair	**Certification**	**Surveillance**	**Recertification**
Test and Repair Integrated with QMS Audit	0.5	0.25	0.5
Test and Repair NOT Integrated with QMS Audit	0.75	0.5	0.75
Appendix D - Specialty Electronics Reuse	**Certification**	**Surveillance**	**Recertification**
All Types	0.25	0.25	0.25
Appendix E - Materials Recovery	**Certification**	**Surveillance**	**Recertification**
Manual Dismantling Only - Integrated with EHS Audit	0.25	0.25	0.25
Manual Dismantling Only - NOT Integrated with EHS Audit	0.5	0.5	0.5
Other Processing Integrated with EHS Audit	0.5	0.25	0.5
Other Processing NOT Integrated with EHS Audit	0.75	0.5	0.75
Appendix F – Brokering	**Certification**	**Surveillance**	**Recertification**
Brokering as a process, integrated with QMS Audit	0.25	0.25	0.25
Brokering as a process, NOT integrated with QMS Audit	0.75	0.25	0.5
Brokering only, No Facility and QMS is integrated, F (3)	0.75	0.25	0.5
Brokering only, No Facility and QMS is NOT integrated, F (3)	1.25	0.5	1.0

Table 5b): R2 Audit Time for *26 – 175 Employees*

R2 Process Requirement	R2 Audit Time (days) 26 - 175 Employees		
Appendix A - Downstream Recycling Chain	**Certification R2 Audit Time**	**Surveillance Audit Time**	**Recertification Audit Time**
R2v3 Certified DSV only	0	0	0
1-5 Non R2 DSV	0.25	0.25	0.25
6 + Non R2 DSV	0.5	0.5	0.5
Appendix B - Data Sanitization	**Certification**	**Surveillance**	**Recertification**
Logical Only	1.0	0.5	0.75
Physical Only	0.5	0.25	0.5
Logical and Physical, Both	1.0	0.5	0.75
Appendix C - Test and Repair	**Certification**	**Surveillance**	**Recertification**
Test and Repair Integrated with QMS Audit	1.0	0.5	0.75
Test and Repair NOT Integrated with QMS Audit	1.25	0.75	1.0
Appendix D - Specialty Electronics Reuse	**Certification**	**Surveillance**	**Recertification**
All Types	0.5	0.25	0.5
Appendix E - Materials Recovery	**Certification**	**Surveillance**	**Recertification**
Manual Dismantling Only - Integrated with EHS Audit	0.5	0.25	0.5
Manual Dismantling Only - NOT Integrated with EHS Audit	0.75	0.5	0.75
Other Processing Integrated with EHS Audit	0.75	0.25	0.5
Other Processing NOT Integrated with EHS Audit	1.0	0.5	0.75
Appendix F – Brokering	**Certification**	**Surveillance**	**Recertification**
Brokering as a process, integrated with QMS Audit	0.25	0.25	0.25
Brokering as a process, NOT integrated with QMS Audit	0.75	0.25	0.5
Brokering only, No Facility and QMS is integrated, F (3)	0.75	0.25	0.5
Brokering only, No Facility and QMS is NOT integrated, F (3)	1.25	0.5	1.0

Table 5c): R2 Audit Time for *176+ Employees*

R2 Process Requirement	R2 Audit Time (days) 176+ Employees		
Appendix A - Downstream Recycling Chain	**Certification R2 Audit Time**	**Surveillance Audit Time**	**Recertification Audit Time**
R2v3 Certified DSV only	0	0	0
1-5 Non R2 DSV	0.25	0.25	0.25
6 + Non R2 DSV	0.5	0.5	0.5
Appendix B - Data Sanitization	**Certification**	**Surveillance**	**Recertification**
Logical Only	1.25	0.5	1
Physical Only	0.75	0.25	0.5
Logical and Physical, Both	1.25	0.5	1
Appendix C - Test and Repair	**Certification**	**Surveillance**	**Recertification**
Test and Repair Integrated with QMS Audit	1.25	0.5	1.0
Test and Repair NOT Integrated with QMS Audit	1.5	0.75	1.25
Appendix D - Specialty Electronics Reuse	**Certification**	**Surveillance**	**Recertification**
All Types	0.5	0.25	0.5
Appendix E - Materials Recovery	**Certification**	**Surveillance**	**Recertification**
Manual Dismantling Only - Integrated with EHS Audit	0.75	0.25	0.5
Manual Dismantling Only - NOT Integrated with EHS Audit	1.0	0.5	0.75
Other Processing Integrated with EHS Audit	1.0	0.5	0.75
Other Processing NOT Integrated with EHS Audit	1.25	0.75	1.0
Appendix F – Brokering	**Certification**	**Surveillance**	**Recertification**
Brokering as a process, integrated with QMS Audit	0.25	0.25	0.25
Brokering as a process, NOT integrated with QMS Audit	0.75	0.25	0.5
Brokering only, No Facility and QMS is integrated, F (3)	0.75	0.25	0.5
Brokering only, No Facility and QMS is NOT integrated, F (3)	1.25	0.5	1.0

7 PLANNING

7.1 Single-Site Planning

7.1.1 All R2 Core Requirements shall be audited during the Stage 2 audit.

7.1.2 All applicable R2 Process Requirements shall be audited during the Stage 2 audit.

7.1.3 At each surveillance, in addition to surveillance audit requirements in ISO/IEC 17021-1, the Auditor shall audit R2 Core Requirements based on 9.1.5 and sample the remaining R2 Core Requirements based on the following:

- Results of previous audits.
- Maturity of the specific activities.
- Shipments since the previous audit.
- Key DSVs.
- Volume of electronic equipment, components, and materials.
- Previous NCs.
- Complaints received by the CB or SERI.

7.1.4 At each surveillance, all applicable R2 Process Requirements shall be audited during every audit. Number of examples, or size of sample reviewed to demonstrate conformance may be reduced but all auditable requirements shall be covered.

7.1.5 One Surveillance audit during the three-year cycle can be conducted entirely remote. The remote audit shall cover both R2 Core Requirements and applicable R2 Process Requirements. The minimum audit time for remote audits shall stay the same as on-site audits. The other surveillance shall be done onsite.

7.1.6 All R2 Core Requirements and applicable R2 Process Requirements shall be audited during the Recertification audit.

7.2 Campus Scheme Planning

Where the scope of certification is carried out through additional locations as part of campus, a site sampling process is not permitted. Each location shall be audited at each audit for the R2 Core Requirements and applicable R2 Process Requirements.

7.3 Audit Plan

7.3.1 An audit plan shall be created for all R2 audits.

7.3.2 An audit plan shall document all locations and each specific address (e.g., campus), and scopes that are being audited per each location, if more than one location.

7.3.3 An audit plan shall indicate the time allocated for auditing each audited Core Requirement and applicable R2 Process Requirements at each location.

7.3.4 An audit day is 8 hours; an Auditor can conduct a maximum of 10 hours in an audit day, if only the R2 Standard is the scope of the audit.

7.4 Initial Certification Audit – Readiness Review for Stage 1

7.4.1 Prior to conducting a Stage 1 audit, the CB shall confirm that the Candidate Facility has completed:

- Certification or is in the process of certification, to the necessary environmental, health and safety management (EHS) systems issued by a CB that is accredited by an AB that is an IAF MLA signatory.

- Certification or is in the process of certification, as applicable, to a quality management system by a CB that is accredited by an AB that is an IAF MLA signatory.
- A full-system Internal audit of the entire scope of its operations, including all R2 Core Requirements and applicable R2 Process Requirements
- Internal audit corrective actions for any identified NCS
- Legal compliance audit
- Legal compliance audit and corrective actions for any identified non-compliances
- FM Management Plan
- 100% due diligence of all approved vendors
- Data Sanitization Plan
- Closure Plan
- Financial Instruments for closure
- Insurance, as applicable
- Three months of implementation records of conformity to the R2 Standard requirements

7.4.2 If a CB determines that a Candidate Facility is not ready to proceed to Stage 1 because of deficiencies in meeting documentation requirements, the Stage 1 audit shall be postponed until all documentation to satisfy the requirements of the R2 Standard are met.

7.4.3 The CB shall assess and decide whether Stage 1 of the audit is to be conducted on-site, partially on-site, or remotely, basing their decision on the following factors:

- Size
- Location
- Complexity of operation
- Complaints received
- Feedback from SERI
- Ability to perform a virtual tour through applicable media
- A review of the readiness review information
- Other risk factors determined by the CB

7.4.4 The Stage 1 audit may be conducted remotely unless the Candidate Facility:

- Was previously R2 certified, and the certification was revoked, lapsed, etc. within the last 3 years.
- Has had regulatory compliance issues, complaints or other similar issues identified within the last 3 years.

8 CONDUCTING AUDITS

8.1 General

The audit team shall fulfil the audit time requirements as defined by the CB for the assigned audit. The audit team shall not arrive late or leave early from an audit unless prior permission from the CB is acquired and documented.

8.2 Stage 1

8.2.1 CB shall assign an R2 Auditor or audit team to conduct the Stage 1 audit in accordance with the defined audit plan:

- Collecting and documenting evidence of conformity with the R2 requirements and other Stage 1 objectives as required by 17021-1, and
- Issuing any identified NCs.

8.2.2 Auditor shall include in the Stage 1 audit, a review of the following documented information:

- The proposed scope of certification in accordance with Provision 1
- Physical locations/addresses.
- The electronic equipment, components, and material streams managed through title, physical possession, or contractual control.
- The applicable R2 Process Requirements performed for the specific electronic equipment, components, and materials defined to be included in the scope of certification.
- External processes and activities.
- Employee count (shifts, seasonal variations etc.) and DSV count
- Names, as applicable to the scope of certification
- Internal R2 audit of the entire scope of certification, including all R2 Core Requirements and applicable R2 Process Requirements
- Internal audit corrective actions for any identified nonconformities
- Legal compliance audit
- Implemented legal compliance audit corrections for any identified non-compliances.
- FM Management Plan
- Due diligence records of all approved vendors
- Summary of all inbound electronic equipment, components, and materials
- Summary of all outbound electronics equipment, components, and materials
- Closure plans
- Financial instrument
- Data Sanitization Plan and procedures
- R2 Reuse Plan (Appendix C)
- Signed SERI License Agreement

8.2.3 The CB shall ensure that the time gap between Stage 1 and 2 audits does not exceed six months. Should it exceed this time frame, the CB shall repeat the Stage 1 audit.

8.3 Accepted Integrated Management System Certification

8.3.1 The R2 Standard requires R2 Facilities to maintain a certified Environmental Health and Safety Management System (EHSMS) and in certain cases, a certified Quality Management System.

8.3.2 R2 audit times as identified in Table 4 and 5 shall not be reduced and are not cumulative as identified in Tables 4 and 5.

8.3.3 For QMS/EHS certifications qualified under another certification body, the Auditor shall verify the following:

- Validity of the most recent certificates
- The certificates are issued by a CB that is accredited by an AB that is an IAF MLA Signatory.

- The scope of the certification applies to the processes and activities covered under the R2 Facility's scope of certification.

8.3.4 For QMS/EHS certifications qualified under another certification body, the Auditor shall:

- document the details of the QMS/EHS certifications they have verified in the R2 audit report.
- include copies of QMS/EHS certificates in the audit package.

8.4 Stage 2

8.4.1 During a Stage 2 audit the CB shall evaluate all the R2 Core Requirements and applicable R2 Process Requirements to the Candidate Facility.

8.4.2 Scope of certification as determined in Stage 1 shall be implemented and audited for the specific electronic equipment, components, and materials defined to be included on the R2 Certificate.

8.4.3 Should a Candidate Facility have more than one legal name or legal entity, the CB shall, at a minimum, review and document in the audit documents, implementation of the R2 Core Requirements and applicable R2 Process Requirements as applicable to each name and entity to ensure the various names have been included in the Scope of Certification.

8.4.4 The CB shall conduct Stage 2 audits on-site at all the location(s) performing processes/activities covered within the scope of certification.

8.4.5 In exceptional circumstances the CB may conduct Stage 1 and 2 audits back-to-back where justification is provided and documented by the CB and the following conditions are met:

- An additional 1-day remote R2 audit has been conducted by the CB to confirm the readiness for a back-to-back audit prior to scheduling the on-site Stage 1/Stage 2 back-to-back audit.
- The Candidate Facility has provided all required documentation to the CB for review prior to the Stage 1/Stage 2 on-site audit.

8.4.6 If the CB determines the Candidate Facility is not ready to proceed with the on-site audits, the CB shall re-schedule until such time that they demonstrate readiness for on-site audits.

8.5 Remote Audits

8.5.1 The CB may conduct certain R2 audits remotely (in part or in full) as defined in the COP including:

- Stage 1
- Special audits
- Facility Move audit
- Surveillance audits (one surveillance within the certification cycle)

8.5.2 All requirements for remote audits shall follow documentation and record keeping requirements as they would for on-site audits.

8.5.3 Prior to conducting a remote audit, the CB shall ensure that the R2 Facility has the information and communication technology capabilities to proceed with such an audit.

8.5.4 When conducting remote audits, the CB shall ensure:

- Appropriate technology is used that allows the Auditor to assess the applicable R2 Standard requirements (e.g., Skype, FaceTime, or other video conference applications)
- Sufficient audit time is spent on-line with the auditee in addition to any off-line documentation review.

- If there are issues that hinder the Auditor's ability to conduct a remote audit successfully (e.g., Poor internet connection, lack of clarity in video or audio etc.) the CB may re-schedule the audit or conduct it on-site.

8.5.5 While a remote audit is an option, it is at the discretion of the CB to choose remote auditing.

8.6 Integrated Audits

8.6.1 The CB may integrate the EHSMS portion of the R2 audit with other management system audits where the R2 Facility operates an integrated management system that incorporates QEHMS (Quality Environment Health and Safety Management) Standards.

8.6.2 The following R2 Standard requirements shall be audited independent of other integrated standards:

- R2 Core Requirement 1 – Scope
- R2 Core Requirement 2 – Hierarchy of Responsible Management Strategies
- R2 Core Requirement 5 – Tracking Throughput
- R2 Core Requirement 6 – Sorting, Categorization, and Processing
- R2 Core Requirement 7 – Data Security
- R2 Core Requirement 8 – Focus Materials
- R2 Core Requirement 9 – Facility Requirements
- R2 Core Requirement 10 – Transport
- R2 Process Requirement – Appendix A – Downstream Recycling Chain
- R2 Process Requirement – Appendix B – Data Sanitization
- R2 Process Requirement – Appendix D – Specialty Electronics Reuse

8.6.3 Only the following R2 Standard requirements may be integrated with other approved QEHSMS standards being audited.

- R2 Core Requirement 3 – EH&S Management System
- R2 Core Requirement 4 – Legal and Other Requirements
- R2 Process Requirement – Appendix C – Test and Repair
- R2 Process Requirement – Appendix E – Materials Recovery
- R2 Process Requirement – Appendix F – Brokering

8.7 Campus Audits

8.7.1 The CB shall audit each location within a campus scheme at each Certification (minimum of Stage 2 audit), Surveillance and Recertification audit.

8.7.2 When conducting a Campus Audit the Auditor shall document audit evidence for the unique activities/processes, R2 Core requirements, and applicable R2 Process Requirements for each location.

8.8 Audit Interviews

8.8.1 The audit team shall conduct interviews at each function and level of the organization.

8.8.2 If the audit team speaks a different language than the interviewees, the audit team shall use an interpreter. The interpreter shall be on-site/remotely present during the interviews. Presence of an interpreter shall be documented in the audit plan and audit report.

8.9 Classification and Closure of NCs

8.9.1 NCs are required to be documented on all R2 audits.

8.9.2 A NC that is written by the R2 Facility or other Auditors shall not preclude the CB audit team from identifying the same finding. The CB audit team shall document open internal audit nonconformities, related to meeting the requirements of R2 Standard, as part of their own audit NCs, during Stage 2 and Recertification audits.

8.9.3 A minor NC shall be issued by a CB for incidents where an R2 Facility is unable to demonstrate conformity to a requirement or part of the requirement in the R2 Standard.

8.9.4 A major NC shall be issued by the CB audit team when an R2 Facility is unable to demonstrate conformity to a requirement in the R2 Standard under one or more of the following conditions:

- A group of related or repetitive NCs have been identified, indicating an inadequate or complete absence of implementation of a R2 Standard requirement.
- NC where the corrective action has not been effectively maintained from the previous audit.
- Failure to identify a Focus Material stream in the FM Management plan.
- Failure to identify a Downstream Vendor in the flowchart of the downstream recycling chain.
- Due diligence has not been performed effectively for shipments of Controlled Streams. in accordance with R2 Process Requirement Appendix A - Downstream Recycling Chain
- Failure to maintain a valid SERI Licensing Agreement.
- Misrepresentation of any aspect of the Certification scope, including the existence or status of any facility/seller name/location affiliated with the company.

8.9.5 The CB will collect evidence of correction of all NCs, majors and minors, issued at any CB audit, within 60 days from issuance. The CB shall suspend the certificate if the R2 Facility is unable to submit evidence of corrections within 60 days of issuance of NCs.

8.9.6 For Stage 1 audits, the CB shall verify corrections of all NCs identified at the Stage 1 audit prior to conducting the Stage 2 audit. The CB shall determine whether an audit is required to verify corrections of NCs onsite or remotely. Whether an audit is required to verify corrections is at the sole discretion of the CB.

8.9.7 For Stage 2 audits, a remote or on-site audit shall be scheduled to verify that CA for minors/majors have been implemented and are effective to address the closure of NCs prior to audit package approval or certification decision. The remote or onsite audit cannot be scheduled more than 3 months after the last day of the Stage 2 audit. Failure to do the remote or onsite audit within the stipulated time frame will result in the CB scheduling a repeat Stage 2 audit (no later than 6 months from the Stage 1 audit) for the Candidate Facility.

8.9.8 For surveillance audits, a remote or on-site audit shall be scheduled by the CB within 6 months to verify that CA for minors/majors have been implemented and are effective to address the closure of NCs prior to audit package approval or certification decision. Failure to comply with this requirement will result in the suspension of certification (refer Section 17).

8.9.9 For recertification audits, a remote or on-site audit shall be scheduled by the CB to verify that CA for minors/majors have been implemented and are effective to address the closure of NCs prior to audit package approval or certification decision.

8.9.10 After the recertification audit, if the certificate expires, the remote or on-site revisit audit to close the NCs, cannot be scheduled more than 6 months after the last day of the recertification audit. If the R2 Facility fails to complete the remote/onsite audit within the stipulated time frame or if the NCs from the recertification audit cannot be closed and verified at the remote/on-site audit by the CB, the CB will have to schedule a Stage 2, using Core Requirements R2 Certification Audit Time (Table 4) and applicable R2 Process Requirement Audit Time in Table 5(a)-(c).

8.9.11 Following expiration of certification, the certification body can restore certification, with a certification decision, within 6 months provided that the outstanding recertification audit is completed, otherwise at least a Stage 2 shall be conducted. The effective date on the certificate shall be on or after the recertification decision and the expiry date shall be based on prior certification cycle.

8.9.12 It is at the CB's discretion whether an onsite or remote audit is suitable to close and verify major/minor NCs at any audit.

8.9.13 Certificate suspension process shall follow the requirements specified in Section 17 of this COP.

8.10 Audit Report

8.10.1 The audit team shall not copy statements from the R2 Facility's written procedures as evidence of implementation and performance.

8.10.2 The audit team shall document evidence of the R2 Facility's specific documents, records, and performance measurables to demonstrate the R2 Facility has maintained its R2 requirements, see Table 6.

8.10.3 The audit team shall not state R2 Standard requirements in the affirmative tense as evidence of fulfilling the requirement. An excerpt from an R2 Facility's written procedure may be used where the R2 Standard requires a written document as evidence. An excerpt alone is not sufficient evidence of implementation of documented requirements.

8.10.4 The audit report shall cover the following as applicable in the Audit Plan:

- Criteria as defined in Table 6, in addition what is required in ISO/IEC 17021-1.
- A summary of evidence to each of the requirements audited.

8.10.5 The audit report is to be provided to the R2 Facility by the CB. The required report content can be in one document or a set of documents if the documentation meets the requirements of Table 6 below as well as ISO/IEC 17021-1.

Table 6: Audit Report Criteria

R2 Facility name	· The names as documented on all documents, plans, and supporting notes shall match the: ⇒ R2 Certificate ⇒ Name(s) on the R2 Facility's website ⇒ Names include fictitious/trade name/dba/others
R2 Facility Location	· The locations as documented on all documents, plans, and supporting notes shall match the: ⇒ R2 Certificate ⇒ Location (s) on the R2 Facility's website

Core Requirement 1 – Scope	· Document a detailed scope of R2 certification as defined in the COP. Evidence of implementation of such scope as defined shall be documented in the audit report. · Evidence of implementation is required for every R2 Core Requirement and applicable R2 Process Requirements as outlined in the scope.
Core Requirement 2 – Hierarchy of Responsible Management Strategies	· Document evaluation process for Reuse. If there is test and repair, evidence of R2 Process Requirement - Appendix C is required. · Test and repair may be done at the DSV level. Where applicable, document where test and repair happens in the recycling chain. Reuse may not be applicable if the R2 Facility is the EOL, or if the subsequent tier DSV is EOL. · If the R2 Facility is using land disposal (landfilling), energy recovery, or incineration, because no reuse or recycling options are technologically viable, or law requires such methods; document in the audit report the law that requires land disposal, energy recovery or incineration, describe in detail the specific legal requirements requiring these methods. A simple statement that a government requires or allows these methods or a reference to a law is not sufficient evidence. If any legal requirement supersedes the R2 Standard, it shall be clearly proven on every audit. Document specific shipment details of such transactions in the audit report.
Core Requirement 3 – EH&S Management System	· R2 internal audit NCs (that have not been closed prior to Stage 2 or Recertification audit) related to meeting R2 requirements shall be documented by the CB Auditor as NCs to ensure the Auditor is responsible for ensuring conformity to the R2 Standard. · Document the last evaluation of risk exposure to hazardous substances such as mercury, lead, beryllium, cadmium, PCBs, phosphor compounds, flame retardants, silica dust and hexavalent chromium; and list which of the above are applicable for the R2 Facility.
Core Requirement 4 – Legal and Other Requirements	· Document legality of export/import shipments of FMs for the entire recycling chain, or to the first R2v3 DSV. Link the legal requirement to a specific shipment(s). A statement that the R2 Facility, “does no direct exports,” is not acceptable. A statement that “shipments are in accordance with legal requirements” is not acceptable. · Document specifics of the R2 Facility’s compliance audit. · Date completed, Auditor, competences of Auditor, specific findings, actions taken for findings, closure status of specific findings.

Core Requirement 5 – Tracking Throughput	· Document collection method used for reviewing "Summary of Transactions" Example: 6-Month sample of incoming shipments from June 2020-November 2020. 12-Month sample of outgoing shipments from January 2020-December 2020. · Document incoming and outgoing shipments, invoices, packing lists related to the electronic equipment, components, and materials as documented in the scope of certification. · Record a sample size of at least 5-15 transactions. Use the *R2 Transaction Sheets* to document results.
Core Requirement 6 – Sorting, Categorization, and Processing -	· Document on the *R2 Transaction Sheet* the REC category for each shipment. · Document unique detail as to how the electronic equipment, components, and materials are sorted, categorized, and processed. · Document unique details on how the REC, or equivalent categories are implemented and maintained. · Note: Most sorting, categorizing, and processing will be unique to the electronic equipment, components, and materials processing. Refrain from using generic statements, and be specific on controls, and performance requirements.
Core Requirement 7 – Data Security	· Record incoming and outgoing shipments/transactions of data containing equipment on the *R2 Transaction Sheet*. · Document all types of electronic equipment that contain data or may contain data at the R2 Facility. · Document whether done in accordance with Appendix B or the Core Requirement 7. · If sanitized in accordance with the Core Requirement 7, indicate the applicable NIST method of sanitization used. · If the data destruction is being conducted externally (upstream or downstream), document specifics on how the external source was qualified, or REC category was verified, including documents of data destruction sample.
Core Requirement 8 – Focus Materials	· *Attachments Required: FM Plan and Flowchart of DSV Names and Locations.* · Document implementation results of controls as defined in the FM Plan. Auditor notes shall provide details as to which processes were audited live. Verbiage on the certificate scope should be relatable to the audit notes. · Document detailed audit of activities and ensure this information is reflective of an accurate scope of certification. · Ensure the FM Plan includes details on how FMs are processed, including both internal processing as well as processing by the DSVs. Document how the FMs are processed internally as well as by the DSVs.

Core Requirement 9 – Facility Requirements	· Document specifics on applicable insurance policies. · Document specifics related to how the closure is carried out, and the commercial businesses used to manage any electronics, components, and materials. · Document specifics related to the closure plan and financial assurance and ensure they are consistent with the risks for the types of electronic equipment received, volumes received and shipped, and the processing techniques used.
Core Requirement 10 – Transport	· Document transportation company, competences, and which shipment was sampled to identify the transporter (correlate to shipments as documented in the audit report). · Document details of how each of the sampled transporters was qualified to meet legal and other requirements.
Appendix A – Downstream Recycling Chain	· Document competencies of DSVs from sample of shipments/transactions on the *R2 Transaction Sheets*. Note: DSVs should not be sampled from the FM Management Plan or other lists. DSVs should be identified when reviewing the Summary of Transactions, and facility tour. · 100% of DSVs being used at Stage 2 shall be documented in the audit report, with appropriate details related to competences. · Verify the DSVs audited are appropriately selected and qualified based on the scope of materials and activities. Focus on competencies of applicable R2 Process Requirements. · The FM Plan and Flowchart of DSVs shall be consistent with the shipments documented for the entire recycling chain to the end of life or to the first R2v3 DSV. · If negative value equipment is part of the scope, audit and document details related to Pollution Liability Insurance.
Appendix B – Data Sanitization	· Document all types of equipment that contain data or may contain data at the R2 Facility that are being destroyed under Appendix B. · Document evidence that the Data Sanitization Plan has been implemented with results as documented in the documentation. · Document a sample for physical and logical test results, as applicable.
Appendix C – Test and Repair	· Document validity of Quality Management System Certificate. · Sample documents of test and repair as related to tracking throughput documents/reuse shipments from the *R2 Transaction* Sheet. · Document specifics on how testing was conducted, as well as the results of testing, competences of employees, identification appropriate to the REC, conformity to customer requirements, etc. · Document how failed/broken equipment are included to demonstrate proper management.

Appendix D – Specialty Electronics Reuse	· Choose sample of specialty equipment to verify from *R2 Transaction Sheets.* · Appendix C is required for all Appendix D audits. · Document implementation and results of specific equipment that was processed via verification only. · Document implementation and results of specific equipment that was tested and repaired in accordance with Appendix C.
Appendix E – Materials Recovery	· Document how the hazards identification and assessment are conducted; competencies of individuals responsible; and how any high-risk aspects are managed. · Document clearly how the electronic equipment, components, and materials are processed in accordance with Appendix E. · Verify Pollution Liability Insurance, Guaranteed Reserves, or a Government Guarantee was audited and details of such included. · Document the performance results for industrial Hygiene testing and monitoring.
Appendix F – Brokering	· Document validity of Quality Management System Certificate. · Document implementation and performance results for all R2 Core requirements that have been audited, excluding 3 or 9 if there is NO facility/NO physical handling of controlled streams. · Documents the shipments, with applicable sales and purchase documents to identify broker transactions.

8.11 Audit Package Attachments

8.11.1 The audit team shall collect and include the documents outlined in Table 7 as well as the R2 Transaction sheets mentioned in Table 6 in their audit package.

8.11.2 The audit package attachments (Table 7) shall be in a language understandable to the APR.

Table 7: Documents to include with the Audit Package

R2 Standard Requirement	Document
Core Requirement 3 – EH&S Management System	EH&S Certificates certified by CB that is accredited by IAF MLA Signatory AB (if with another CB)
Core Requirement 7 – Data Security	Data Sanitization Plan
Core Requirement 8 – Focus Materials	FM Management Plan
Core Requirement 8 – Focus Materials	Flowchart of the DSV Names and Locations
Core Requirement 9 – Facility Requirements	Closure Plan
Appendix A – Downstream Recycling Chain	Pollution Liability Insurance if Negative Value Equipment
Appendix C – Test and Repair	R2 Reuse Plan
Appendix C – Test and Repair	QMS Certificate certified by CB that is accredited by IAF MLA Signatory AB (if with another CB)
Appendix E – Materials Recovery	Pollution Liability Insurance, Guaranteed Reserves, or Government Guarantee
Appendix F – Brokering	QMS Certificate certified by CB that is accredited by IAF MLA Signatory AB (if with another CB)

8.12 Audit Package Quality

8.12.1 The qualified Audit Package Reviewer (APR) shall conduct a review of the audit report, all audit documents and audit attachments including those for surveillance audits.

8.12.2 The APR shall ensure the audit report contains the applicable information listed in Table 6 and the audit package contains the applicable attachments listed in Table 7.

8.12.3 The audit report, documents, and audit attachments (Table 7) shall be in a language understandable to the APR.

8.12.4 The APR shall verify that each R2 audit package meets the following quality requirements:

- Responses are not copied from other packages, where unique evidence as applicable to the R2 Facility is provided.
- Responses are not simply affirmative statements of the R2 Standard requirements.
- Evidence is backed by objective documents which detail unique information about the R2 Facility.
- The R2 requirements were audited as documented in the audit plan.

8.13 Audit Package Review Criteria

8.13.1 The CB shall verify that the Audit Package Review Criteria in Table 8 are met when reviewing the R2 audit package. In the case of a surveillance audit, the APR shall include the criteria relevant to the requirements that were audited by the Auditor.

8.13.2 Where the audit package lacks evidence of any of the audit document criteria listed below, the audit team shall be tasked with providing additional evidence, that shall be reviewed and approved by the APR, prior to any certification decision.

Table 8: Audit Report Review Criteria

R2 Facility Name	· Verify names of the R2 Facility matches the following: ⇒ R2 Certificate ⇒ Name used in the audit documents ⇒ Name on the R2 Facility's website ⇒ R2 Applicability of names (involved with the R2 activities/processes)
R2 Facility Location	· Verify the location(s) of the R2 Facility matches the following: ⇒ R2 Certificate ⇒ Location used in the audit documents ⇒ Location used in the audit plan ⇒ Location on the R2 Facility's website

Core Requirement 1 – Scope	· Verify the acceptability of the certificate scope based on the following: ⇒ R2 specific scope, see Section 11 Scope Statement for guidelines. ⇒ Scope as applicable to the FM Management Plan. ⇒ Scope as applicable to website/marketing material. ⇒ Core Requirements and applicable R2 Process Requirements are identified and audited in audit report notes and evidence of implementation as applicable to the scope. Note: The Auditor shall provide evidence of implementation and performance of the specific activities/processes as related to the electronic equipment, components, and materials managed.
Core Requirement 2 – Hierarchy of Responsible Management Strategies	· Verify evidence of evaluation for Reuse. If there is test and repair, evidence of R2 Process Requirement - Appendix C is required. · If reuse is done at the DSV level, verify Auditor reviewed competence of DSV Refurbisher in accordance with Appendix, A. · If the Auditor refers to land disposal (landfilling), energy recovery, or incineration, verify that these processing techniques are used because no reuse or recycling options are viable, or law requires such methods. If the Auditor states that law requires land disposal, energy recovery or incineration, the Auditor shall describe in detail the specific legal requirements requiring these methods. A simple statement that a government requires or allows these methods or a reference to a law is not sufficient evidence. The R2 Standard does not allow land disposal, energy recovery, or incineration unless there is no viable option. If any legal requirement supersedes the R2 Standard, it shall be clearly proven on every audit.
Core Requirement 3 – EH&S Management System	· Verify that the Auditor has documented open internal Auditor NCs as part of their own CB audit NCs during Stage 2 and Recertification audits. · Verify the Auditor documented the last evaluation of risk exposure to hazardous substance for mercury, lead, beryllium, cadmium, PCBs, phosphor compounds, flame retardants, silica dust, and hexavalent chromium; and listed which of the above are applicable to the R2 Facility.
Core Requirement 4 – Legal and Other Requirements	· Verify the Auditor reviewed legality of export shipments of FMs for the entire recycling chain, or to the first R2v3 DSV. A statement by the Auditor that the R2 Facility, “does no direct exports,” is not acceptable. · Verify the Auditor documented key import/export requirements and audited their implementation. · Verify the Auditor ensured a compliance audit was completed by a competent Auditor and covered the applicable legal requirements for environmental, health and safety, data security, and import/export compliance (including shipments by downstream vendors).

Core Requirement 5 – Tracking Throughput	· Verify the Auditor documented shipments/invoices/packing lists related to the scope. · Verify the Auditor reviewed "summary" of transactions. · Verify the Auditor performed a good sampling of shipments. · Verify Auditor reviewed in-process inventories. · Verify that the Auditor reviewed that the outputs are consistent with the inputs and processes/activities. · Verify that the Auditor considered if the FM management plans were consistently applied to all throughputs. · Verify the Auditor verified that the received electronic equipment, components, and materials were processed within the required timeframes, if applicable. · Verify the sample covers the DSVs as noted in the FM Plan, and as related to the equipment/components containing focus materials and focus material documented in the Auditor documentation.
Core Requirement 6 –Sorting, Categorization, and Processing	· Verify on the *R2 Transaction Sheet* that the REC category for each shipment was effectively identified. · Verify the Auditor has included unique detail as to how the electronic equipment, components, and materials are sorted, categorized, and processed. · Verify the Auditor has included unique details on how the REC, or equivalent categories are implemented and maintained. Note: Most sorting, categorizing, and processing will be unique to the electronic equipment, components, and materials processing.
Core Requirement 7 – Data Security	· Verify the Auditor included detail with regards to the unique types of equipment being received and their data. (beyond hard drives) · Verify the audit report specifies how the unique types of data destruction processes are controlled. If the data destruction is being conducted internally, verify the Auditor sampled and documented the data destruction performance and implementation, for the unique shipments, on the *R2 Transaction* Sheets, or internally on other documents. Verify linkage to NIST from Core Requirement 7 or R2 Process Requirement - Appendix B, Data Sanitization for logical and/or physical. · Verify if the audit report specifies how the unique types of data destruction processes are validated.
Core Requirement 8 – Focus Materials	· *Attachments Required: FM Plan and Flowchart of DSV Names and Locations* · Verify the Auditor matched recipients of shipments on the outbound summary and BOLs to the FM Management Plan to ensure all DSVs are included in required due diligence. · Verify the auditor has included how the FMs are processed both internally and by the DSVs.

Core Requirement 9 – Facility Requirements	· Verify the Auditor detailed audit of processes/activities and whether this information is reflective of an accurate scope of certification. Auditor notes should provide details to as which processes/activities were audited live. Verbiage on the certificate scope should be relatable to the audit notes. · Verify the Auditor has included specifics related to how the closure is carried out, and by which independent third party. · Verify the Auditor reviewed the closure plan and financial assurance to be consistent with the risks for the types of equipment received, volumes received and shipped, and the processing techniques used. · Verify whether Auditor audited applicable insurance policies.
Core Requirement 10 – Transport	· Verify the Auditor included a sample of transportation company competencies, and that they correlate to shipments as documented in the audit report. · Verify the Auditor included detail on how each of the sampled transporters was qualified to meet legal and other requirements.
Appendix A – Downstream Recycling Chain	· Verify DSVs were identified by the Auditor from audit trails in tracking throughput. Note: DSVs should not be sampled from the FM management plan or other lists. DSVs should be identified when reviewing the shipping documents for Tracking Throughput, and then used to follow the audit trails for conformity to due diligence requirements. · Verify that 100% of DSVs actively being used were reviewed at Stage 1/Stage 2. This should be compared to the FM Management Plan. · Verify the DSVs audited were appropriately selected and qualified based on the scope of materials and activities. · Verify the exports by DSVs were audited and reviewed as part of the audit of legal compliance plan, as required in Legal and Other Requirements. · Verify the FM Management Plan and DSV Listing were consistent with the shipments documented by the Auditor to include the entire recycling chain to the end of life. · Verify the Auditor provided detailed notes on how each one of the sampled DSVs were qualified by the R2 Facility. · Verify that DSVs include vendors receiving equipment and components containing FMs for all types of downstream activities (test and repair, data sanitization, materials recovery, brokering). · Verify DSVs for data destruction were audited by the R2 Facility for competencies to Appendix B. · Verify DSVs for Test and Repair were audited by the R2 Facility for competencies to Appendix C. · Verify the DSVs for Brokering were audited by the R2 Facility for competencies to Appendix F. · Verify if negative value equipment is part of the scope; if yes, verify the Auditor audited the Pollution Liability Insurance.

Appendix B – Data Sanitization	· Verify the Auditor has clearly identified all the media and/or media containing equipment that has undergone logical and/physical sanitization. · Verify the Auditor included a sample of specific media and/or equipment documents that were audited in accordance with the Data Sanitization Plan.
Appendix C – Test and Repair	· Verify Quality Management Systems Certificate · Verify the Auditor reviewed tracking throughput documents to identify audit trails from reuse (testing and repair) shipments/transactions. · Verify the Auditor documented specific shipments of each of the categories (refer to REC) as applicable. · Verify the Auditor documented specifics on how testing was conducted, as well as the results of testing, competences of employees, etc. in accordance with the R2 Reuse Plan. · Verify records of failed/broken equipment are included to demonstrate proper management. · Verify that the Auditor reviewed documents to determine whether equipment was being inspected/graded or functionally tested.
Appendix D – Specialty Electronics Reuse	· Verify Appendix C is part of the audit. · Verify Quality Management System Certificate. · Verify Auditor documented specific equipment that was processed via verification. · Verify the Auditor verified that specialty equipment was not being sold by auction or bulk sales.
Appendix E – Materials Recovery	· Verify the Auditor clearly identifies the focus materials and how they are processed. · Verify Pollution Liability Insurance, Guaranteed Reserves, or a Government Guarantee was in audited and details of such included. · Verify robust EH&S controls are implemented and documented in the audit report. · Verify the person making EH&S decisions has competency for the IH testing and monitoring.
Appendix F – Brokering	· Verify Quality Management Systems Certificate of the R2 Broker. · Verify all R2 Core requirements have been audited, excluding 3 or 9 if there is NO facility/NO physical handling of controlled streams. · Verify the Auditor has reviewed the sales and purchase documents to identify broker transactions where the equipment is not received at the R2 Facility.

9 MAINTAINING CERTIFICATION

9.1 Surveillance Activities

9.1.1 The CB shall conduct an annual surveillance audit at each R2 Facility every subsequent calendar year.

9.1.2 The first surveillance audit shall be conducted no later than 12 months from the initial certificate decision date.

9.1.3 The second surveillance audit shall be conducted no later than 15 months after the last day of the first surveillance audit.

9.1.4 Should the CB find that the R2 Facility is not conforming with the rules above (9.1.1-9.1.3), the CB should follow their suspension process to suspend the R2 Facility.

9.1.5 At a minimum, the CB shall audit the following R2 Standard requirements in addition to 17021-1 requirements at an annual surveillance audit:

- Core Requirement 1 - Scope
- Core Requirement 5 - Tracking Throughput
- Core Requirement 7 - Data Security
- Core Requirement 8 - Focus Materials
- All certified Appendices for R2 Processes

9.2 Recertification Audit

9.2.1 The CB shall evaluate conformity to all R2 Core requirements and applicable R2 Process requirements of the R2 Standard on-site at all the R2 Facility's operations within their scope of certification.

9.2.2 If the same Lead Auditor has been used for all audits in the 3-year certification Cycle, at the end of a full 3-year certification cycle, it is the CB's responsibility before the cycle ends, to appoint a new Lead Auditor for the recertification audit. The previous Lead Auditor can serve as part of the audit team as a Team Member. The previous Lead Auditor can continue to serve as the Lead Auditor for the surveillance audits in the new certification cycle. This is applicable to all subsequent certification cycles.

10 R2 CERTIFICATE

10.1 General

10.1.1 Upon successful completion of the R2 Certification audit or any other audit that results in an update to the R2 Certificate, the CB shall issue to each R2 Facility an R2 Certificate. Depending on the structure of the organization, a certificate may be issued for campus schemes as defined in section 10.4 of this COP.

10.1.2 The CB shall include all basic certificate criteria on each R2 Facility certificate as applicable to the type of certificate issued.

10.2 Facility Certificates

10.2.1 Each R2 certificate shall be represented with the following information:

- R2 Facility legal name(s) and legal entities associated with certifiable activities.
- Other formal names registered by the Legal entity (dba etc.)
- Multiple Legal Names and Entities - All names shall be legally registered with the authorities to be on the R2 Certificate, and accurately documented in accordance with the legal registration. The primary legal name shall be listed first on the Certificate, followed by any other registered names. Where there are multiple legal entities under the same corporate parent, the corporate parent shall be listed first on the certificate, followed by other registered names of sub-companies. Each entity cannot be granted an individual certificate.
- R2 Facility Address
- Scope statement
- All applicable R2 Process Requirements – Displayed on certificate addendum with the following statement: "*This R2 Facility performs the following applicable R2 Process Requirements at this location(s) and has been audited to the requirements for each as identified."*
- Allowances as applied and defined in the COP.
- Name, Address and Certification Mark of Certification Body issuing the R2 certificate.
- Date of Registration
- Expiration Date
- Effective Date or Revision Date for granting, reducing, or expanding scope as well authorizing changes to certificate for other changes.
- Accreditation Body Symbol
- SERI Authorized Certification Body mark
- R2 Certification Mark
- Certificate Number – Unique identification code
- Certificate Statement in reference to R2 Standard Version: "The Sustainable Electronics Reuse & Recycling (R2) Standard v3"
- Identify the applicable R2 Certification Structure as defined in Table 3.
- Disclaimer to be added on every certificate: "*The certification referenced above is accomplished pursuant to SERI's R2 Code of Practices through an audit of a sample of the certificate holder's facilities and/or activities within the limited written scope appearing on this certificate. Certification is not a comprehensive validation or verification of all conditions. The R2v3 Standard is offered "AS-IS" and without warranty, and any reliance otherwise, by the certificate holder or any third party, is expressly disclaimed by SERI. The use, display, and reference to the R2v3 Certification Mark printed on this certificate is governed by license agreement(s) entered between the certificate holder and SERI. Certificate authenticity and validity can be verified at https://r2directory.org.*"

10.3 Campus Facilities – Additional R2 Certificate Requirements

10.3.1 Where a single campus certificate is issued, each campus location shall be assigned an individual scope of certification applicable to its specific operations, and any applicable R2 Process Requirements.

- R2 Facility Address of Controlling Facility. "Controlling Facility" shall be identified on the certificate.
- Scope statement of the campus
- All applicable R2 Process Requirements by location – Displayed on certificate addendum with the following statement: "*This R2 Facility performs the following applicable R2 Process Requirements at this location(s) and has been audited to the requirements for each as identified."*
- Certificate Statement in reference to R2 Standard Version: "The Sustainable Electronics Reuse & Recycling (R2) Standard v3"
- Additional locations of a campus shall be listed on the same certificate, on an addendum, with specific address, scope, and applicable R2 Process Requirements by location.
- Under no circumstance can an individualized or stand-alone certificate with a different identification code (e.g., certificate number) be issued for any single location identified in the addendum pages of a campus scheme.

10.4 Issuing Certificates

10.4.1 Certificates shall be sent to SERI within five days of issuance.

10.4.2 Revised certificates (scope changes, address changes, name changes etc.) shall be sent to SERI within 5 days of issuance.

10.4.3 SERI will not recognize R2 Certificates that do not conform to the COP requirements.

10.5 Changes in Certification Status

10.5.1 CB shall inform SERI within five days of a change in certification status. Changes include suspension or withdrawal by the CB, or voluntary withdrawal by the R2 Facility, and reinstatement of a R2 Facility's certification.

11 SCOPE STATEMENT

11.1 R2 Scope of Certification

11.1.1 The CB shall provide an accurate description of the scope of certification detailing the R2 processes and activities undertaken, as well as the types of electronic equipment, components, and materials managed, in accordance with the following requirements in accordance with 11.2 and 11.3.

11.1.2 To change or expand the scope of certification to include new processes/activities or electronic equipment, component, materials managed, the requirements of Section 13 Changes to Certification Scope, shall be followed.

11.2 R2 Processes and Activities

11.2.1 The terms identified in Table 9: Scope Terms and Applicable R2 Process Requirements, shall be used to identify the applicable R2 operations undertaken within the scope of certification.

11.2.2 The scope shall only include those operations that are controlled by the R2 Facility on-site, remotely or at additionally certified locations as defined in R2v3.

11.2.3 Each process/activity specified in the scope of operations shall be supported by evidence of implementation and demonstrated conformity to the R2 Standard.

11.2.4 Planned future operations that are not currently operational are not eligible for certification.

11.2.5 It is not required for an R2 Facility to perform all R2v3 Section 2: R2 Process Requirements. However, the CB shall audit and certify the R2 Facility to the R2v3 Section 2: R2 Process Requirements they are performing.

11.2.6 Outsourced or downstream processes/activities shall not to be included in the R2 Facility's scope of certification. No other processes/activities are permitted on the R2 certificate, other than those defined in Table 9.

11.2.7 If the R2 Facility qualifies to be certified under Data Sanitization in Appendix B, it shall be specified as to whether the certification covers logical sanitization, physical sanitization, or both, as defined in Table 9. Any reference to sanitization in the scope shall apply only to processes/activities certified to R2 Process Requirement - Appendix B, Data Sanitization. Data destruction activities covered under the R2 Core Requirements shall not to be listed on the R2 certificate.

11.2.8 If the R2 Facility qualifies to be certified under Test and Repair in Appendix C, it shall be specified as to whether the certification covers test, repair, or both as defined in Table 9.

Table 9: Scope Terms and Applicable R2 Process Requirements

Terms for Processes/Activities	Applicable R2 Process Requirements for Certificate Purposes
Downstream Vendor Management	Appendix A – Downstream Recycling Chain
Logical Data Sanitization	Appendix B – Data Sanitization (Logical only)
Physical Data Destruction	Appendix B – Data Sanitization (Physical Only)
Logical and Physical Sanitization	Appendix B – Data Sanitization (Logical and Physical)
Testing	Appendix C – Test and Repair (Test Only)
Repairing	Appendix C – Test and Repair (Repair Only)
Testing and Repair	Appendix C – Test and Repair
Specialty Electronics Reuse	Appendix D – Specialty Electronics Reuse
Materials Recovery	Appendix E – Materials Recovery
Brokering	Appendix F – Brokering

11.3 Defining "Electronic Equipment, Components, and Materials" as Part of the Scope

11.3.1 The R2 scope statement shall include a clear description of specific used electronic equipment, components, and materials that are managed by the R2 Facility. Description of electronic equipment, components, and materials shall be accurate and specific as possible to not misrepresent an R2 Facility's abilities, as supported by evidence in the audit report. For example, if an R2 Facility processes only mobile equipment, generic wording such as "used electronics", is not permitted. Using all-encompassing wording such as "consumer electronics," "used electronics" shall only be used if the R2 Facility is qualified to sort, and process, numerous types of electronics. Specialty electronic equipment shall also be accurately and specifically defined to indicate the types of "specialty electronics" managed.

11.3.2 Unrestricted Streams, for example, white goods, new equipment, and vehicles are not permitted in the scope.

11.3.3 Identified electronic equipment, components and materials specified in the scope of operations shall be supported by evidence of implementation and demonstrate conformity to the R2 Standard in the audit report. Planned future additions of equipment, components and materials associated with scope that are not currently operational are not eligible for certification.

12 R2 ALLOWANCES

There are no allowances permitted in this version of the COP.

13 CHANGES TO THE CERTIFICATION SCOPE

13.1 General

13.1.1 Changes to an R2 Facility's scope of certification can include but is not limited to changes in processes or activities undertaken, electronic equipment, components, or materials managed, operational expansions, mergers, or any other change in an R2 Facility's operation.

13.1.2 When the CB is made aware of a change to an R2 Facility's certification scope, the CB shall conduct a review of documentation to verify the proposed changes that are designed to be conforming to the applicable R2 Standard requirements.

13.1.3 Depending on the nature of the scope change, the CB shall determine how much on-site or remote audit time is required to verify the implementation of the scope change at the R2 Facility.

13.1.4 Any NCs issued during the scope change audit shall be verified and closed by the CB prior to issuing the certificate with the new scope.

14 CHANGES TO A FACILITY LOCATION

14.1 General

14.1.1 When a CB receives notification that an R2 Facility has changed its location, the CB shall inform SERI and keep on file the notification from the R2 Facility.

14.1.2 The CB shall conduct an audit of the new facility before the R2 Facility ceases to have access to previous R2 Facility.

14.1.3 The CB shall suspend the certificate for the previous R2 Facility location if the R2 Facility no longer has access to the previous facility.

14.1.4 Prior to auditing the new R2 Facility, the CB shall verify:

- If a remote or on-site audit is required
- The scope of activities at the new location are the same as the former R2 Facility. Should If the scope is different, an on-site audit shall be conducted.
- The downstream vendors are the same as evidenced by a review of shipping documents from the new facility. If not, downstream vendor due diligence shall be audited by the audit team.
- All equipment and materials are removed from the former R2 Facility location.
- Environmental aspects are updated to reflect those of the new facility and controls are implemented.

- Health and safety risks are updated to reflect those of the new facility and controls are implemented.
- The legal compliance plan is updated to reflect the legal requirements of the new facility
- Insurance policies are updated to include the new facility.
- Closure Plans are updated to reflect the risks of the new facility and the financial assurance is adjusted (if necessary, based on the risks).
- A legal compliance audit of the new facility has been completed by a competent compliance Auditor and any non-compliances identified are corrected.
- Internal QEH&S and R2 audits are completed at the new facility and corrective actions implemented for any NCs.

14.1.5 The CB shall audit the new R2 Facility location remotely or onsite after it is fully operational before updating the certificate to include the details of the new location.

14.1.6 If a CB chooses to audit the new location remotely, justification shall be documented, and an onsite audit shall be conducted within six months of the move.

14.1.7 The CB shall be able to audit remotely all R2 Core Requirements and applicable R2 Process Requirements at the new Facility, including cessation of operations at the old facility.

14.1.8 An onsite audit to verify a change to a new location, shall not replace the surveillance or recertification audit. If the CB chooses to combine the facility move audit with a surveillance or recertification audit, additional time shall be added.

14.1.9 The CB has the option to add the new location as a campus site to the certificate of the previous location during the process of transitioning operations from one site to the next. Both sites shall continue to be audited until the previous location ceases to be under the control of the R2 Facility. Audit time to add new location as a campus requires following 6.2 Campus Locations' audit day requirements.

14.1.10 The CB shall update and reissue the certificate with the new R2 Facility details once the new location has been audited.

14.1.11 If the audit and issuance of the certificate for the new facility is not completed within six months of the move; the CB shall withdraw the R2 certificate for the previous location and conduct a Stage 1 and Stage 2 audit of the new facility location should the R2 Facility want to reapply for certification.

14.1.12 The CB shall accept the SERI License Agreement covering the previous R2 Facility during the R2 Facility's move to their new location.

15 TRANSFER OF CERTIFICATION

15.1 General

15.1.1 If an R2 Facility requests a transfer, a transfer from the issuing CB to the accepting R2 accredited CB is allowed.

15.1.2 Where a transfer has been requested, the accepting CB shall process the transfer in accordance with IAF MD2 in addition to the following:

- Document the reason(s) for the transfer and its legitimacy.
- Verify and close any open minor/major NCs.
- Review and address any complaints
- Not accept the transfer if the R2 Facility has been suspended by the current issuing CB
- Determine whether an audit is required to complete the transfer

- Notify SERI within five days from the R2 Facility's request to transfer.

16 SPECIAL AUDITS

16.1 General

16.1.1 The CB shall conduct special audits at an R2 Facility at their discretion including, but not limited to, the following:

- Changes in management
- Changes in certification scope
- Change in name
- Removing or adding a legal entity to a certificate
- Company acquisitions or mergers
- Investigation of complaints or allegations
- Closure of NCs
- Lifting a suspension

17 SUSPENDING AND WITHDRAWING OF CERTIFICATION

17.1 General

17.1.1 The CB shall consider suspension of an R2 Facility's certification for contractual, administrative or performance reasons. This suspension review of the R2 Facility shall be documented and maintained in the R2 Facility's certification documents. The following criteria shall be used for initiation of a potential suspension:

- Illegal imports or exports
- Repeat NCs, with insufficient corrective actions.
- Alteration and misrepresentation of the description of types and status of equipment and/or materials to mislead Auditors or downstream suppliers.
- Conviction or settlement of regulatory actions against the company due to egregious environmental, health or safety violations
- Hiding or omitting transactions, equipment, materials, or any other form of deception to the Auditor, CB, and/or SERI
- Misrepresentation of the R2 Certification and status of any Facility affiliated with the company.
- Failure to provide correction and/or corrective actions for SERI complaints.

17.1.2 The CB shall specify clear timeframes, no more than 6 months, for the duration of an R2 Facility's suspension.

17.1.3 The CB shall only re-instate an R2 Facility's R2 Certification once evidence of implementation of corrections or corrective action(s) have been submitted by the R2 Facility and verified as effective in accordance with Section 8.6 of this COP. CB shall inform SERI of notification of reinstatement of certificate.

17.1.4 SERI may notify the CB when license fee payment is not received from the R2 Facility by the license/payment due date. The R2 certificate shall be suspended by the CB upon notification from SERI and effective the day the CB has been informed. The suspension deadline shall be set by the CB in accordance with their suspension process (not to exceed 6 months from date of suspension). SERI will remove R2 Facility name(s) from the SERI directory during suspension period. Suspension shall be lifted by CB if license is signed, and fee is received by SERI within the suspension deadline set by the CB. If payment is still not received by SERI by the end of the suspension period, CB shall withdraw certificate.

17.1.5 If a CB withdraws an R2 Facility's certificate, the CB shall send to SERI the withdrawal confirmation within five days of the certificate withdrawal.

17.1.6 The CB shall not reinstate an R2 Facility's certificate once it has been withdrawn unless CB was found to have withdrawn a certificate in error.

18 R2 CERTIFICATION PROGRAM RECORDS

18.1 General

18.1.1 All records relevant to the R2 Certification Program shall be maintained by the CB for at least six years. This includes but is not limited to:

- R2 Facility audit report, NCs, collected evidence, and related records.
- R2 Candidate Facility, and R2 Facility Contracts/Agreements
- R2 Facility certificates
- Notifications of changes to the certification scope
- Complaints related to the R2 Certification Program
- Competence records of CB personnel, and Auditors involved with the R2 Certification Program

19 SERI ASSURANCE ACTIVITIES

19.1 General

19.1.1. SERI will use assurance activities, outlined below, to monitor and continually improve the R2 Certification Program.

19.2 Audit Package Review

19.2.1 Audit Package Reviews by SERI are intended to monitor the activities of the R2 Certification Program. Sampling is performed by SERI to verify the performance of Auditors and the effectiveness of CBs to control the quality and integrity of the Certification Program. Any concerns that arise about the performances of Auditors will be raised with the CB for them to resolve.

19.2.2 The CB shall send to SERI the first audit report and documentation (Audit Package) for any newly approved R2 Lead Auditor for review by SERI as part of its assurance program activities.

19.2.3 SERI may at any time request an audit package as part of its assurance program activities. Upon such requests, the CB shall provide the audit package(s) to SERI, including but not limited to the R2 audit report as well as any relevant evidence and documentation, as identified in Tables 6 and 7 within five days.

19.2.4 Audit packages shall be provided to SERI in English.

19.2.5 If SERI's package review finds that an Auditor, CDM, APR and/or R2 Program Manager has not conformed to the requirements in the COP, SERI may issue a complaint to the responsible CB or AB for further investigation and corrective action.

19.3 Spot Inspections

19.3.1 A spot inspection is an unannounced or announced assessment conducted by SERI or its designee of an R2 Facility. As part of SERI's quality control program and authorized in the R2 Certified Facilities Agreement, SERI may periodically conduct spot inspections of R2 certified facilities. Spot inspections are a proactive measure to verify conformity as part of the quality control program and not always in response to a complaint or concern. If any concerns arise from the inspection, they will be communicated to the R2 Facility's CB. The CB shall be responsible for managing the concerns through its complaint process, and any NCs issued by the CB be closed and verified. Appropriate actions may be taken based on the quantity and severity of any NCs identified up to possible suspension or revocation of the R2 Certificate and/or R2 Certified Facilities Agreement.

19.4 Witness Inspections

19.4.1 A witness inspection is an announced inspection conducted by SERI or its designee in conjunction with a planned CB R2 Facility audit.

19.4.2 The CB will notify the R2 Facility of SERI's witness inspection.

19.4.3 During a witness inspection, an assessor representing SERI follows the audit team selected by the CB during a regularly scheduled R2 Facility audit. The SERI assessor shall evaluate the audit team's understanding of the R2 Standard and associated guidance as well as assess the R2 Facility's application of the R2 Standard.

19.4.4 If SERI identifies any concerns during the audit regarding the audit team's performance or the concerns with the R2 Facility's implementation of the standard, SERI will communicate the concerns to the CB that has certified the R2 Facility and for whom the audit team works. Any NCs issued by the CB because of the concerns shall be closed and verified. Appropriate actions may be taken based on the quantity and severity of NCs identified up to possible suspension or revocation of the R2 Certificate and/or R2 Facility.

Version History

Version Number	Date of Approval	Description of Changes
1.0	July 1, 2013	First version published that applies to the R2:2013 Certification Program
2.0	October 5, 2020	This version applies to the R2v3 Certification Program
2.1	July 22, 2021	• Table 1: Changed from 30 to 60 days for closure of NCs • Table 2: b)2. - Removed requirement for Lead Auditor training courses for other standards. • 5.1.2 Added that CB shall verify whether the Candidate Facility has been listed within last 24 months on 1d Deceptive Practices List thus preventing certification.

		• 5.1.3 and 7.4.1 - EHS and QMS shall be granted by a CB that is accredited by an AB that is an IAF MLA Signatory.
		• Table 3 – addition of footnote that all certification structures must be identified on the R2v3 certificate.
		• 6.1.1 - The CB can determine the breakup in audit time for Stage 1 and Stage 2 using Tables 4 and 5. Audit time shall be used to audit on-site, or remotely Additional off-site time can be added by the CB to total audit time to cover for any non-audit activities.
		• 6.1.2 - Added what is inclusive under audit activities.
		• 6.4.1 – For Tables 5a), 5b), and 5c) – addition of statement – Times are identified by each individual R2 Process Requirement. Times within the R2 Process Requirement category are not cumulative. Select one applicable option per Appendix.
		• 7.4.2 Added "because of deficiencies in meeting documentation requirements"
		• 7.5.3 - Removed statement "The CB shall close NCs for Stage 1 audit". Check 8.9.6 for requirement.
		• 7.5.6, 7.6.6 and 7.7.7 sections have moved to "Conducting Audits" under 8.2, 8.3 and 8.4, respectively.
		• Table 7 – Added QMS certificate issued by CB that is accredited by an IAF MLA Signatory AB.
		• 8.3.3 - Certificates to be issued by a CB that is accredited by an AB that is an IAF MLA Signatory.
		• 8.9.1 - NCs are required to be documented on all R2 audits.
		• 8.9.5 - Changed the number of days from 30 to 60 days for CB to collect evidence of correction of all NCs.
		• 8.9.6 - For Stage 1 audits, the CB shall verify corrections of all NCs identified at the Stage 1 audit prior to conducting the Stage 2 audit. The CB shall determine whether an audit is required to verify corrections of NCs onsite or remotely. Whether an audit is required to verify corrections is at the sole discretion of the CB.
		• 8.9.11 - Added "with a certification decision" to the statement.
		• Table 6 and 8, under Core Requirement 8, added criteria related to ensuring the FM Plan includes how DSVs process focus materials.
		• 10.2.1 - Facility Certificates
		  • Removed Version of Standard.
		  • Required Terminology in reference to R2 Standard Version: "The Sustainable Electronics Reuse & Recycling (R2) Standard v3".
		  • Identify the applicable R2 Certification Structure as defined in Table 3.
		• 10.3 - Added Certificate Statement in reference to R2 Standard Version: "The Sustainable Electronics Reuse & Recycling (R2) Standard v3."

		• Table 9 – Expanded the options for Appendix B and C • 14.1.2 - Added “The CB shall conduct an audit of the new facility before the R2 Facility ceases to have access to previous R2 Facility.” • 14.1.3 – Changed to “if the R2 Facility no longer has access to the previous facility.” • 14.1.4 - Removed “The Former R2 Facility Closure Plan is being executed.” • 14.1.7 - Removed “applicable Closure Plan requirements of old Facility.” • 14.1.9 - The CB has the option to add the new location as a campus site to the certificate of the previous location during the process of transitioning operations from one site to the next. Both sites shall continue to be audited until the previous location ceases to be under the control of the R2 Facility. Audit time to add new location as a campus requires following 6.2 Campus Locations. • Throughout, changed reference to R2 DSV to R2v3 DSV.